

**APPLICATION FOR CERTIFICATE OF FINANCIAL RESPONSIBILITY FOR
MOBILE TRANSFER UNITS**

(Please refer to the instructions on Page 5 before completing this form)

SECTION A. GENERAL INFORMATION

1. Legal name of applicant.
2. Mailing address of applicant.
3. Address of principal place of business of applicant if different from 2 above.
4. Type of business entity (e.g., corporation, partnership, sole proprietor).
5. Trade name (if any), dba, or other name generally known to the public.
6. If entity is a corporation, indicate the following:
Date of incorporation _____
State of incorporation _____

7. If a partnership, state the name of each general partner:
8. Does the applicant carry oil owned by another entity? If so, does evidence of financial responsibility cover a pollution incident or product owned by entity other than the insured?
9. Type of activity performed (i.e., waste oil removal, refueling, etc.).
10. Name, title, and telephone number and facsimile number of contact person.
11. If entity is a subsidiary, provide the following information.
- 11a. Name and address of parent corporation:
- 11b. Date and state of incorporation of parent corporation:
- Date _____
- State _____
12. Has applicant or parent corporation ever been named as debtor in a voluntary or involuntary proceeding under Title 11 (Bankruptcy) U.S. Code or similar non-U.S. statute?
- _____ Yes (If yes, please explain in a separate document)
- _____ No
13. Name and address of person to whom the certificate(s) should be sent.

SECTION B - DESCRIPTION OF UNITS

Provide a complete listing of units for which you wish to obtain certificates. For each unit, provide the following information (you may use this form or attach a separate listing labeled "Section B"):

<u>Yr. of</u> <u>Mfgr.</u>	<u>Make</u>	<u>Type*</u>	<u>Capacity</u> <u>in Gallons</u>	<u>License</u> <u>Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(You may attach a continuation sheet if necessary)

* Type= Tank Truck, Semi-Trailer, Pull Trailer, Vacuum Truck, Vacuum Trailer, or other (specify).

SECTION C - DECLARATION TO BE COMPLETED BY ALL APPLICANTS

I, _____ (print name), am the applicant/a principal of the applicant/ authorized agent/or official of the applicant, and have the authority to sign this application on behalf of the applicant. I DECLARE under penalty of perjury that I have examined this application, including any accompanying documents, schedules, and/or statements, and to the best of my knowledge and belief, it is true, correct, and complete. Furthermore, it is agreed that the applicant named in Section A of this application is the responsible party in the event of an oil spill. I execute this application in my capacity as applicant, an authorized official of the applicant, or, if acting under a power of attorney, under the power vested in me by the applicant as evidenced by the attached document.

Signature

Date

Title or Official Capacity

Instructions

Submit completed application to:

Address for material delivered by
U.S. Mail Service

Department of Fish and Game
Office of Spill Prevention
and Response (OSPR)
P.O. Box 944209
Sacramento, CA 94244-2090

Address for material delivered by
courier service

Department of Fish and Game
Office of Spill Prevention
and Response (OSPR)
1700 K Street - Suite 250
Sacramento, CA 95814

Application Process:

Applications will be reviewed within 21 calendar days and, provided that adequate information was furnished, applicants will be notified within 21 calendar days of the amount of financial responsibility they will be required to demonstrate. Certificates will be issued following receipt of the acceptable evidence of financial responsibility.

Miscellaneous instructions:

If a question does not apply, answer "not applicable."

Applications which are incomplete will not be processed until receipt of the additional information needed to complete processing.

If additional space is required, supplemental sheets may be attached.

Please contact the Financial Responsibility Unit at (916) 324-0009, or by facsimile number (916) 323-4727, if you have any questions.

